

**SHELBY COUNTY GOVERNMENT
FINANCE DEPARTMENT
VENDOR NUMBER ASSIGNMENT FORM**

Vendor Number Assigned (to be completed by Finance Dept.): _____

Vendor Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Remit to address, if different: _____

City: _____ State: _____ ZIP: _____

Federal Tax ID #: _____ SSN _____ Employer ID _____

Check type of entity: Corporation Individual, Not County Employee

 Individual, County Employee/Former Employee Governmental Entity

 Tax Exempt Organization Unincorporated Business with Separate TIN

Will this vendor be paid for legal services or paid settlements? Yes No

Will this vendor be paid for medical services? Yes No

What type of goods or services will this vendor provide to the County? _____

Requested by: _____ Dept.: _____

Instructions:

1. If available, please attach a copy of an invoice or other document showing the vendor's information.
2. The County prefers to have an I.R.S. Form W-9 on all vendors if possible. If you cannot secure a Form W-9 within the time period before a disbursement is needed, contact the Accounts Payable Supervisor to determine if we can establish the vendor without the Form W-9.
3. A Form W-9 is preferred but is not required in the following cases: (a) the vendor is a nonprofit organization or governmental entity; (b) the vendor is a County employee or recent employee and we are paying only travel expenses or OJI payments; and (c) the vendor is only being paid for travel-related expenses or registration fees and is not a regular County vendor.
4. Submit this completed form to the Accounts Payable section of the Finance Department, with the completed Form W-9.